

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90276 001 ***306.25

DOCUMENT # N36646

1. Entity Name

WYNDTREE PHASE 2 ASSN., INC.



PROPT
CCOI

Principal Place of Business
**C/O RESOURCE PROP MGMT
103 CLEVELAND AVENUE SW
LARGO FL 33770
US**

Mailing Address
**C/O RESOURCE PROP MGMT
103 CLEVELAND AVENUE SW
LARGO FL 33770
US**

VENDOR #: 1007
APPROVED: Cam



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3060103**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, DOROTHY
103 CLEVELAND AVENUE SW
LARGO FL 33770**

Name
Street Address (P.O. Box Number is Not Acceptable)
**Resource Property Mgmt
7300 PARK ST**
City **SEMINOLE** FL Zip Code **33777**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dorothy Thomas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TD	BRINKMAN, RICHARD	EVESBOROUGH AVENUE	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	MOONEY, JOSEPH H	1054 MIDDLESEX DRIVE	NEW PORT RICHEY FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
SD	LEKICH, DIANE	7445 EVESBOROVAN LANE	NEW PORT RICHEY FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
VD	SNARE, KELLY	1038 MIDDLESEX DRIVE	TRINITY FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
SD	SOMERS, GUY	7406 RAWSON CT	TRINITY FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 20/03 727-808-7202

CR2E037 (10/02)